

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90155 034 \*\*\*\*61.25

**DOCUMENT # N93000001190**  
1. Entity Name  
**HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.**



Principal Place of Business  
**6965 HUNDRED ACRE DRIVE  
PORT ST JOHN FL 32927  
US**

Mailing Address  
**P.O. BOX 10113  
PORT ST. JOHN FL 32927  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3480943** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LYONS, PAUL H  
6990 HUNDRED ACRE DRIVE  
COCOA FL 32927**

**7. Name and Address of New Registered Agent**

Name **PAUL RAGONA**

Street Address (P.O. Box Number is Not Acceptable)  
**6850 SWEET BAY COURT**

City **COCOA** FL Zip Code **32927**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **1/21/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LYONS, PAUL H	
STREET ADDRESS	6990 HUNDRED ACRE DR.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEINERT, ANDREW J	
STREET ADDRESS	6652 SWEET BAY COURT	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERRING, JEFFREY S	
STREET ADDRESS	6925 HUNDRED ACRE DR	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAUL, MAUREEN R	
STREET ADDRESS	6665 HUNDRED ACRE DR	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAGONA, PAUL	
STREET ADDRESS	6850 SWEET BAY CT.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST TURNER	
STREET ADDRESS	6920 HUNDRED ACRE DR	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/21/03** **633-4**

CR2E037 (10/02)